

L11000120990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

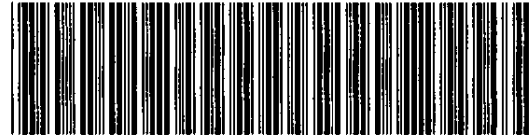
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 10 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHAIN EXPRESS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

CARLOS HERNANDEZ
Name of Person
CHAIN EXPRESS LLC
Firm/Company
9300 NW 58 ST. STE 203
Address
MIAMI, FLORIDA 33178
City/State and Zip Code
management@chainexpress.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS HERNANDEZ at (**954**) **4394925**
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHAIN EXPRESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-21-2011 and assigned Florida document number L11000120990.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

_____, 33131

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

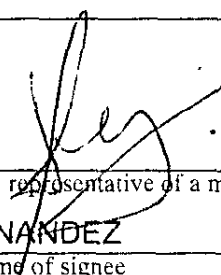
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBERTO CADENA	9300 NW 58 ST. STE 203 MIAMI, FLORIDA 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SERGIO HERNANDEZ	9300 NW 58 ST. STE 203 MIAMI, FLORIDA 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HECTOR HERNANDEZ	9300 NW 58 ST. STE 203 MIAMI, FLORIDA 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HECTOR HERNANDEZ	9300 NW 58 ST. STE 203 MIAMI, FLORIDA 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 31, 2012



 Signature of a member or authorized representative of a member
 HECTOR HERNANDEZ

 Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2012

CARLOS HERNANDEZ
CHAIN EXPRESS LLC
9300 NW 58 STREET, SUITE 203
MIAMI, FL 33178

SUBJECT: CHAIN EXPRESS, LLC
Ref. Number: L11000120990

We have received your document for CHAIN EXPRESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 512A00020532

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TALLAHASSEE, FLORIDA